

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

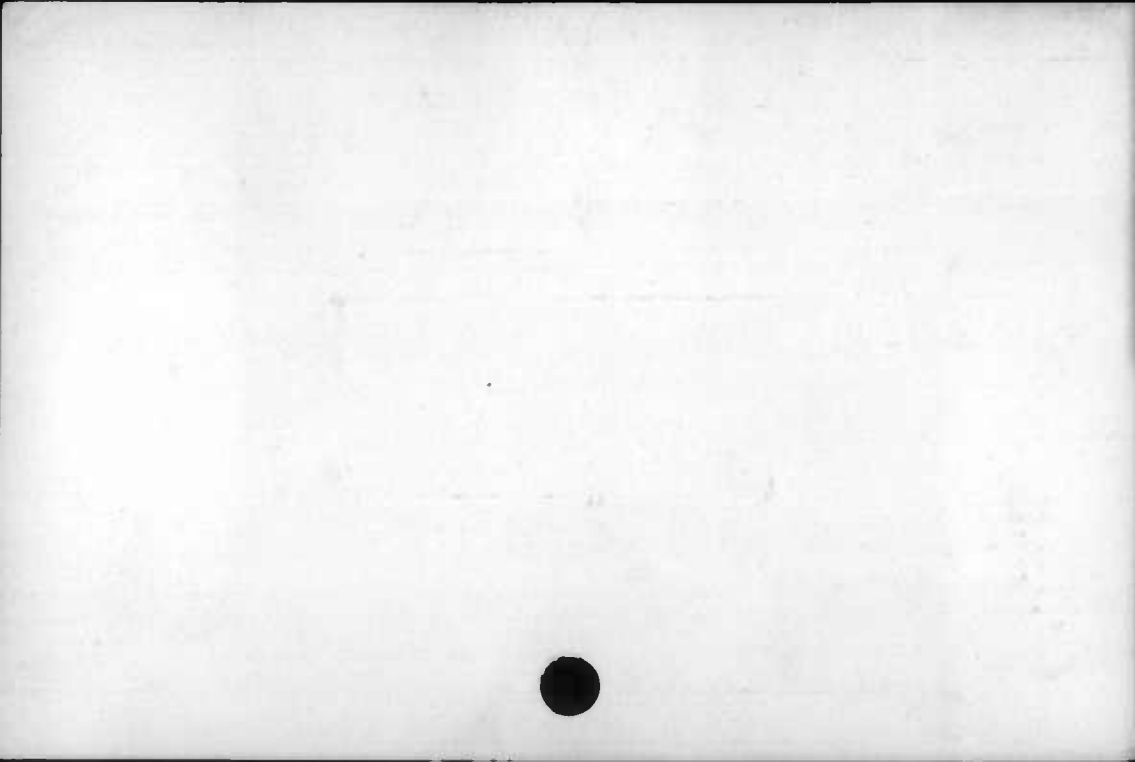
Name <i>John Banister</i>		Town <i>Reynolds</i>		County <i>Chas.</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>6</i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessy Banister</i>					
Father's Name <i>Archibald Banister</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Nancy Banister</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Killie Washington</i>		How related to deceased <i>Va</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>about 10-12 days</i>	
Immediate <i>Bomb with organic disease</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S.H. Speake MD</i>	
		Address <i>Grayton Md.</i>	
Accident or Suicide? <i>( )</i>			



Name  
in  
Full

No Name

(Trin)

Bealle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Alton</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>9</i>
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Charles C.</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Richard Henry Bealle</i>				Father's Birthplace	<i>Pound Ridge Co</i>	
Mother's Maiden Name	<i>Margaret Sarah Calkins</i>				Mother's Birthplace	<i>Charles C.</i>	
Name of person giving information	<i>Margaret Sarah Calkins Bealle</i>				How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	<i>Imperfect dental parot</i>		How long	<i>9 days</i>
Immediate	<i>Infection</i>		How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>E. Spencer</i>
			Address	<i>Bel Alton</i>
Accident or Suicide?				<i>Yes</i>



Name  
in  
Full

No Name (Tom)

Bealle

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Bel Alton

Charles

Date

Month

Day

Years

Months

Days

of death 1909 Apr

Age

2

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Charles C

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Richard Henry Bealle

Father's  
Birthplace

Prince Georges C

Mother's  
Maiden Name

Margaret Sarah Cath. Smart

Mother's  
Birthplace

Charles C

Name of person giving  
Information

Mary S. C. Bealle

How related  
to deceased

No

## CAUSES OF DEATH

150

Primary

Improper development

How long

2 days

Immediate

Collapse

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. Spruance

Address

Bel Alton

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6



Name  
in  
Full

Charles Bond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

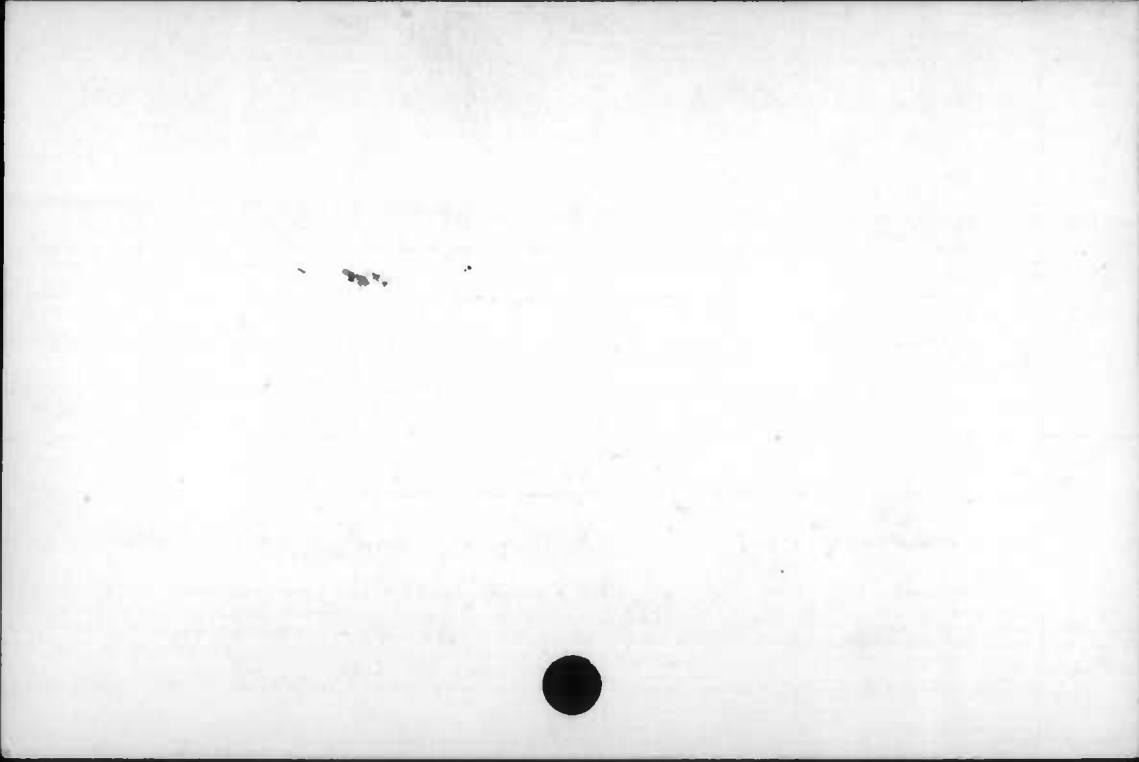
Died at <i>Pomfret</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	1909	Month	April	Day	15
Age		Years	11	Months	15
Sex	Male	Color or Race	Colored	Birth-place	Ches. Co.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Oscar Bond			Father's Birthplace	Ches. Co.
Mother's Maiden Name	Mary E. Taylor			Mother's Birthplace	Washington D.C.
Name of person giving information	Oscar Bond			How related to deceased	Father

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis.</i>	How long	<i>3 weeks</i>
Immediate	<i>Broncho pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Mitchell M.D.</i>	
		Address	
		<i>Pomfret Ind.</i>	
Accident or Suicide?			
<i>No</i>			





Name  
in  
Full

Lorise Brauner

## CERTIFICATE OF DEATH

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NEAREST FRIEND

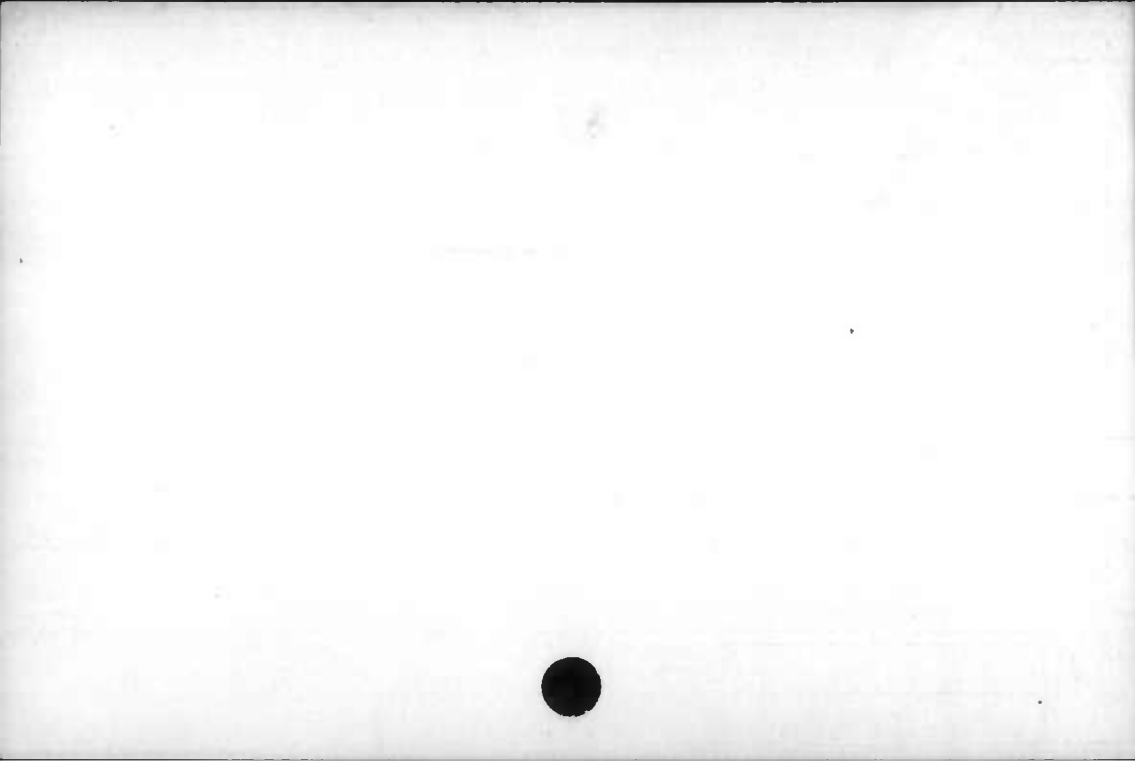
Died at <u>Port Tobacco</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month	<u>April</u>	Day	<u>23</u>
Age		<u>0</u>	Years	<u>8</u>	Months
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>at place of death</u>
Occupation			Where Residing if not at place of death		
<u>_____</u>			<u>as above</u>		
Married, Single or Widowed			Name of Wife or Husband		
<u>_____</u>			<u>_____</u>		
Father's Name			Father's Birthplace		
<u>Henry Brauner</u>			<u>Chas Co. Md</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Louise Dyer</u>			<u>" " "</u>		
Name of person giving Information			How related to deceased		
<u>Levering Brauner</u>			<u>Brother</u>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>2 weeks</u>
Immediate	<u>Transition - Exhaustion</u>	How long	<u>About a week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Mrs. J. Digges</u>	
		Address	
		<u>Port Tobacco Md</u>	
Accident or Suicide?			
<u>_____</u>			



Name  
in  
Full

*Francis Bury Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indian Head</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>apr</i>	Day	<i>28</i>	Age	<i>X</i>
Sex <i>male</i>		Color <i>red</i>		Birth-place		<i>Indian Head, Md.</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>X</i>			
Father's Name <i>Robt. B Brown</i>				Father's Birthplace <i>Chas. Co. Md.</i>			
Mother's Maiden Name <i>Lena J Taylor</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Robt. B Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

*179*  
How long

PHYSICIAN  
OR CORONER

Primary *Unknown*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

Address

*R. H. Dement Rd. Ry*  
*Indian Head, Md.*

Accident or Suicide?



Name  
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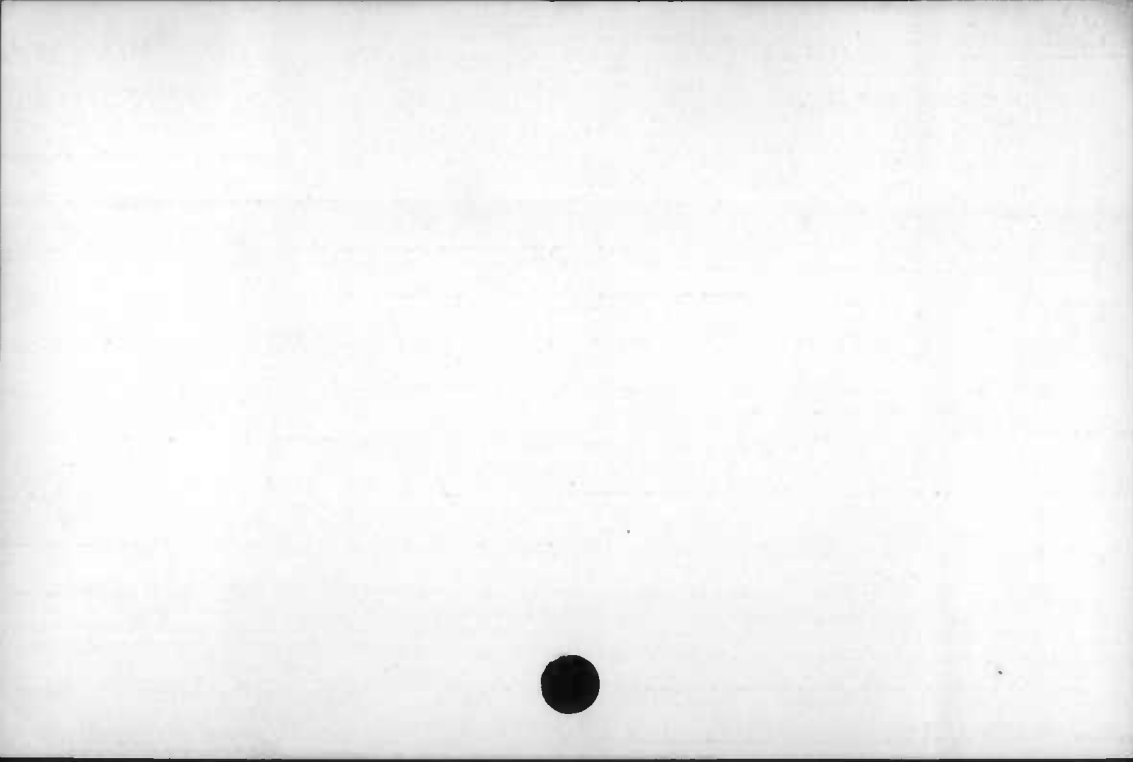
Name in Full <i>James Brown</i>		Town <i>near Cross Roads</i>		County <i>Chas.</i>		STATE <b>MARYLAND</b>	
Died at <i>near Cross Roads</i>		Month <i>April</i>		Day <i>23</i>		Age <i>48</i>	
Date of death <i>1909 April 23</i>		Years <i>48</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation <i>Labourer</i>		Where Reading if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Emily Brown</i>					
Father's Name <i>James Brown</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Blut Orrey</i>		How related to deceased <i>MD relation</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>alcoholism</i>	How long <i>—</i>
Immediate <i>Cholera followed by Pluro Pneumonia</i>	How long <i>about month or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Speake</i>
	Address <i>Gray ton</i>
Accident or Suicide? <i>—</i>	



Name  
is  
Full

Stephen Reusch

## CERTIFICATE OF DEATH

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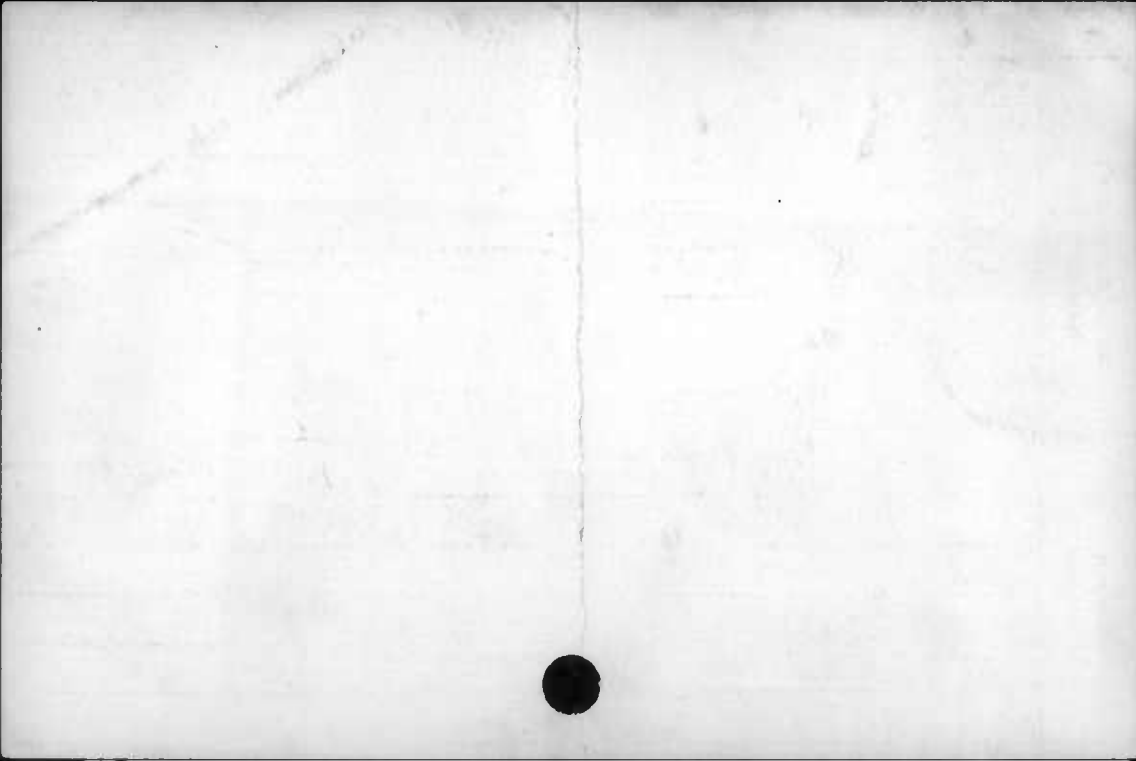
Died at		Town <i>Hagerstown</i>	County <i>Charles</i>		MARYLAND	
Date of death	1909	Month <i>April</i>	Day <i>17</i>	Age <i>18</i>	Years	Months
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>M Martha Welch (decd)</i>				
Father's Name <i>Stonewall Reusch</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Jane Sangley</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Shaddeo Reusch</i>			How related to deceased <i>Son</i>			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis Complications</i>	How long <i>6 years</i>
Immediate	<i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. C. Carreem, M.D.</i>
		Address <i>Wingate, Md.</i>
Accident or Suicide? <i>—</i>		





Name  
in  
Full

Infant - Burgess Not Named

CERTIFICATE OF DEATH

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NEAREST FRIEND

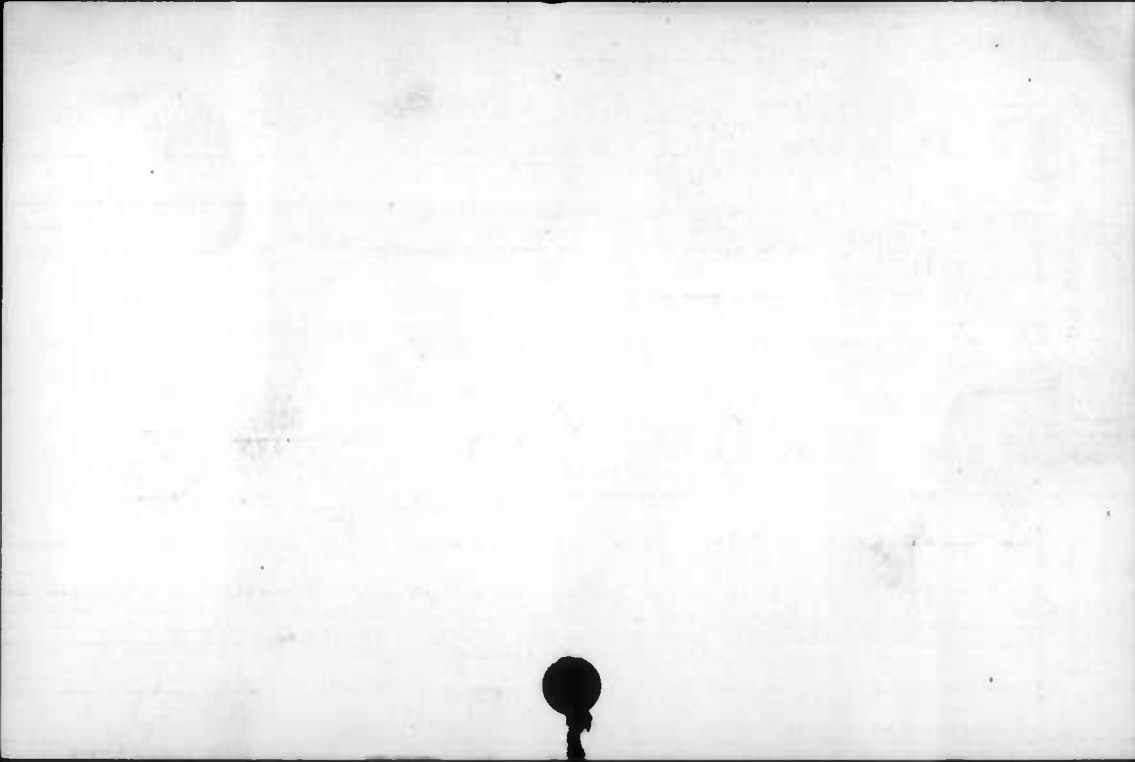
Died at		Town <i>Reverdale</i>		County <i>Chase</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	25				9
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
H. B. A. Burgess				Md			
Mother's Maiden Name				Mother's Birthplace			
Emma Long				Md			
Name of person giving information				How related to deceased			
Daddy Richmond							

CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Erismae, Infantile Tetanus</i>		<i>30 days or more</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>S. S. Speake</i>	
		Address	
		<i>Chaplin</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

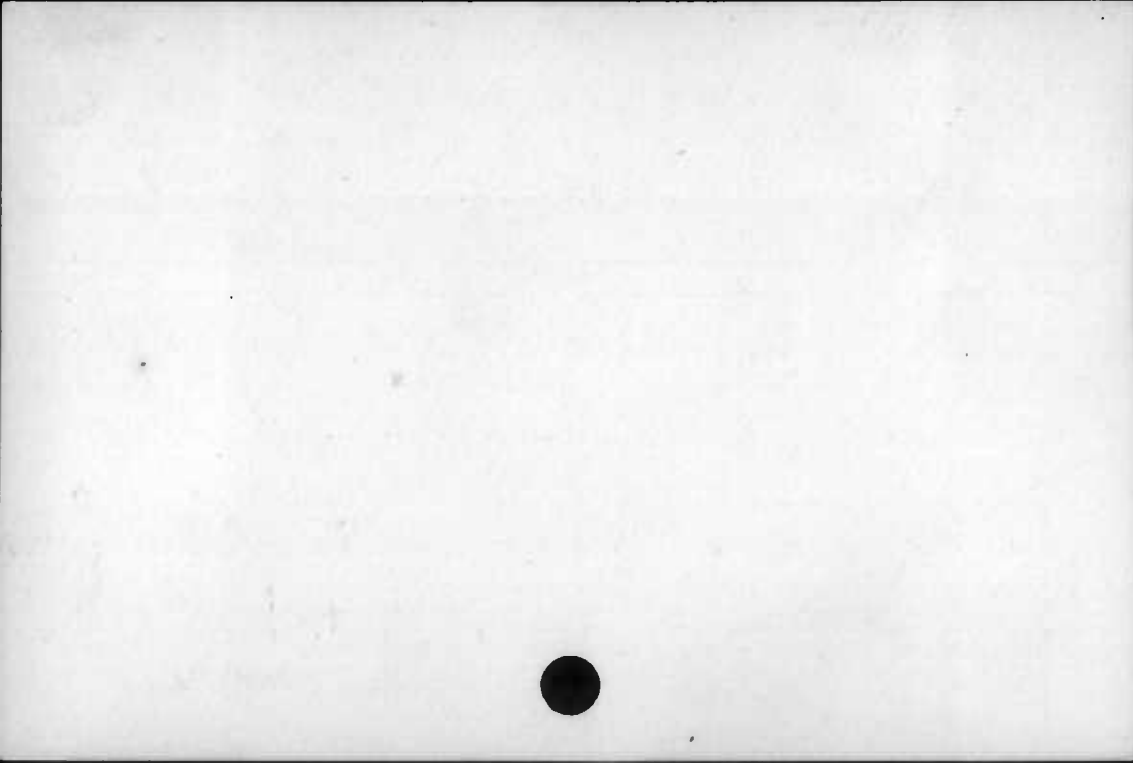
Died at <i>Pisgah</i> Town		<i>Chapman</i> County		MARYLAND	
Date of death	1909	Month	April	Day	16
Sex	Female	Color or Race	colored	Age	63
Occupation	House Keeping	Birth-place	Char. Co Md.	Months	
Where Residing if not at place of death	near Marbury P.O.				
Married, Single or Widowed	widow	Name of Wife or Husband	Washington Chapman		
Father's Name	Henson	Father's Birthplace	Char. Co Md.		
Mother's Maiden Name	not known	Mother's Birthplace	not known		
Name of person giving information	Dominic Chapman		How related to deceased	son	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Geo. O. Beckwith</i>
		Address	<i>Pisgah Md.</i>
Accident or Suicide?			



Name  
in  
Full

*No Name Chesley*

CERTIFICATE OF DEATH

Town

County

Died at

*Perryway*

*Chesley*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1909*

*April*

*22*

Age

*—*

*—*

*14 Years*

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Perryway Ind*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Wm. Chesley*

Father's  
Birthplace

*Chesley Ind*

Mother's  
Maiden Name

*Margaret Dyer*

Mother's  
Birthplace

*Chesley Ind*

Name of person giving  
In formation

*Margaret Dyer*

How related  
to deceased

*Mother*

CAUSES OF DEATH

*151*

Primary

*Premature Birth*

How long

*7 months gestation - age 14 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

*J. W. Mitchell M.D.*

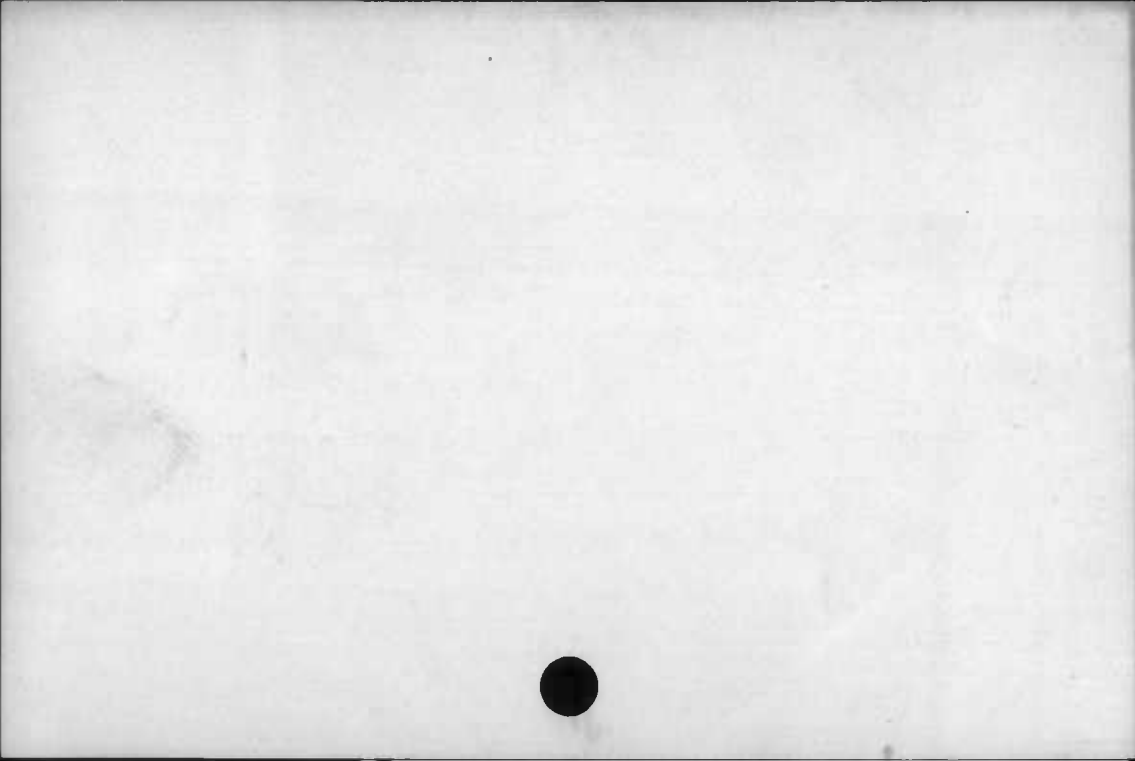
*Perryway Ind.*

Accident or Suicide?

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
FullMr. *Wm. Wm.**Collins*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

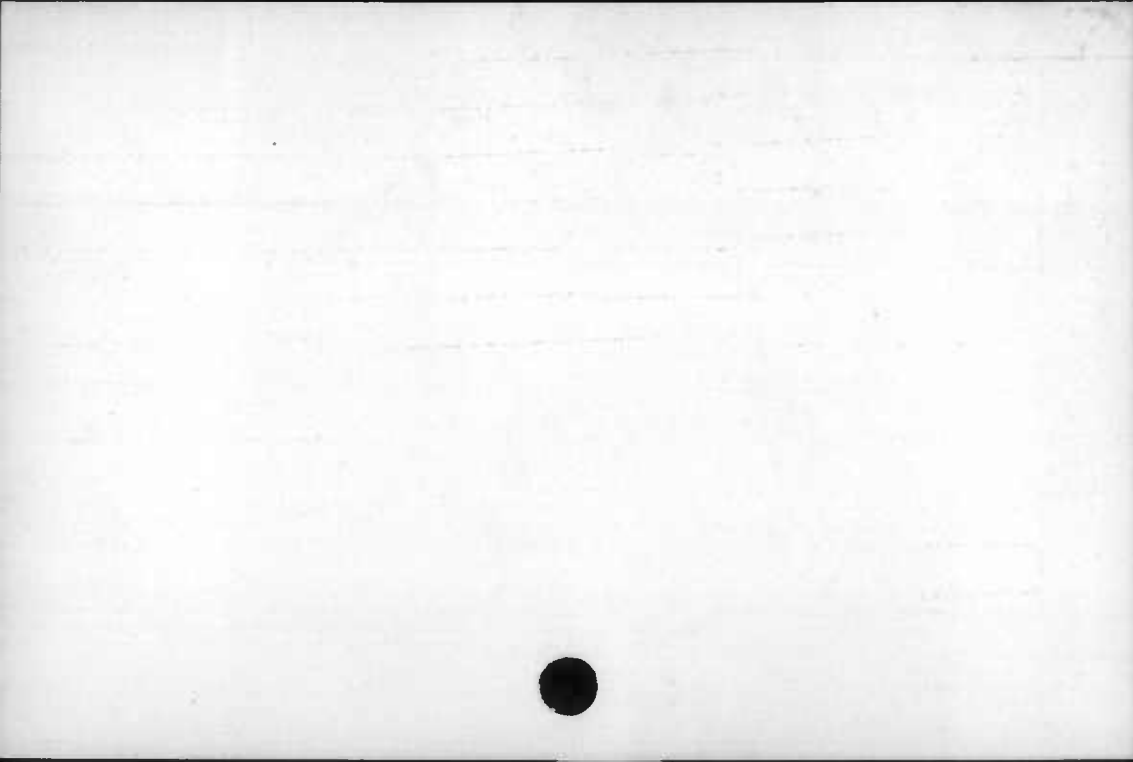
Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>24</i>	Age	Years	Months	Days <i>9 hours</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Felix Collins</i>				Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name <i>Mary Ann Eliz. Green</i>				Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Mary A. E. Green</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <i>Noe ligation of Cord</i>	How long
Immediate <i>Anemia</i>	How long <i>11 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. ...</i>
	Address <i>Bel Air</i>
Accident or Suicide?	<i>Ind</i>





Name  
in  
Full

Frank Biggs

## CERTIFICATE OF DEATH

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NEAREST FRIEND

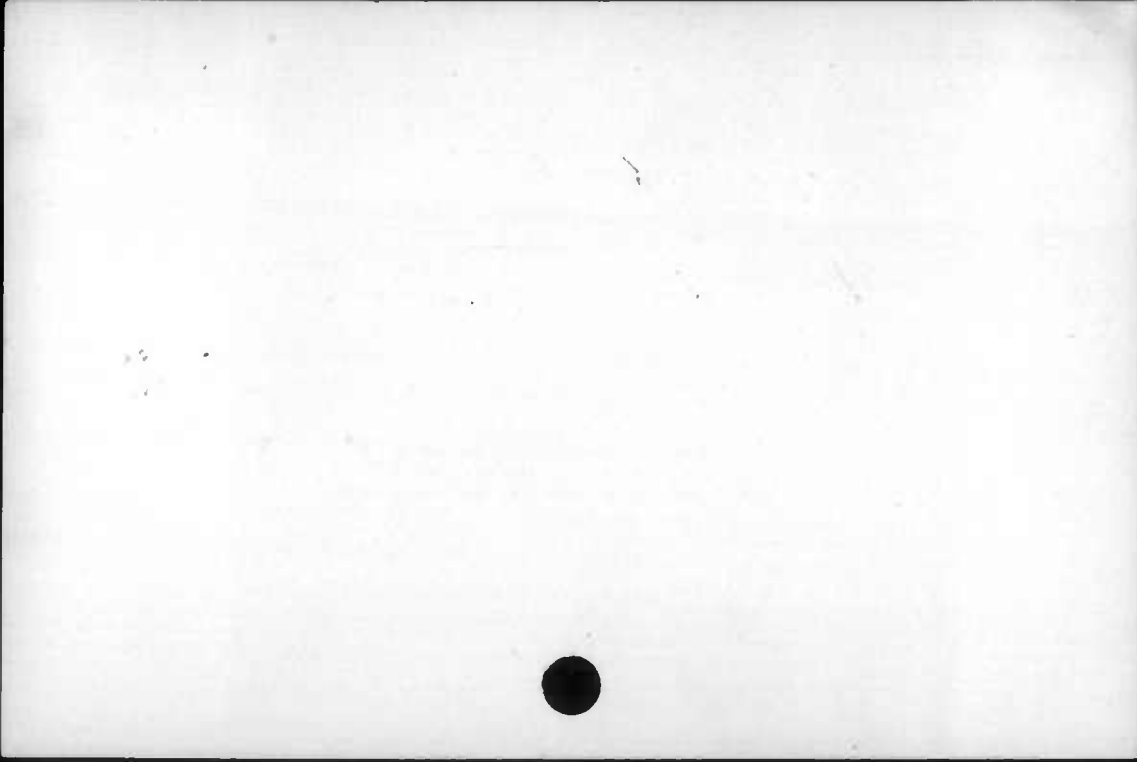
Died at <i>Duncarton</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>27</i>	Age <i>60</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ananda Biggs</i>				
Father's Name <i>Bazzel Biggs</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Carroll Dorsey</i>			How related to deceased <i>nephew</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Whelan</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>( )</i>	



Name  
in  
Full

Moses Dorsey

## X • CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Pisgah<sup>County</sup> Charles

Date of death 1909 April 15

Age 72

Months

Days

Sex male

Color or  
Race

colloid

Birth-  
place

char. co md

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Mary Dorsey

Father's  
Name

Stephen Dorsey

Father's  
Birthplace

char. co md.

Mother's  
Maiden Name

Mandie Mandue

Mother's  
Birthplace

char. co md

Name of person giving  
In formation

James Queen

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

66

Primary

Seizure

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. C. Beckwith M.D.

Address

Pisgah  
md.

Accident or Suicide?

0170/10

Name  
in  
Full

William Lyon

## CERTIFICATE OF DEATH

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NEAREST FRIEND

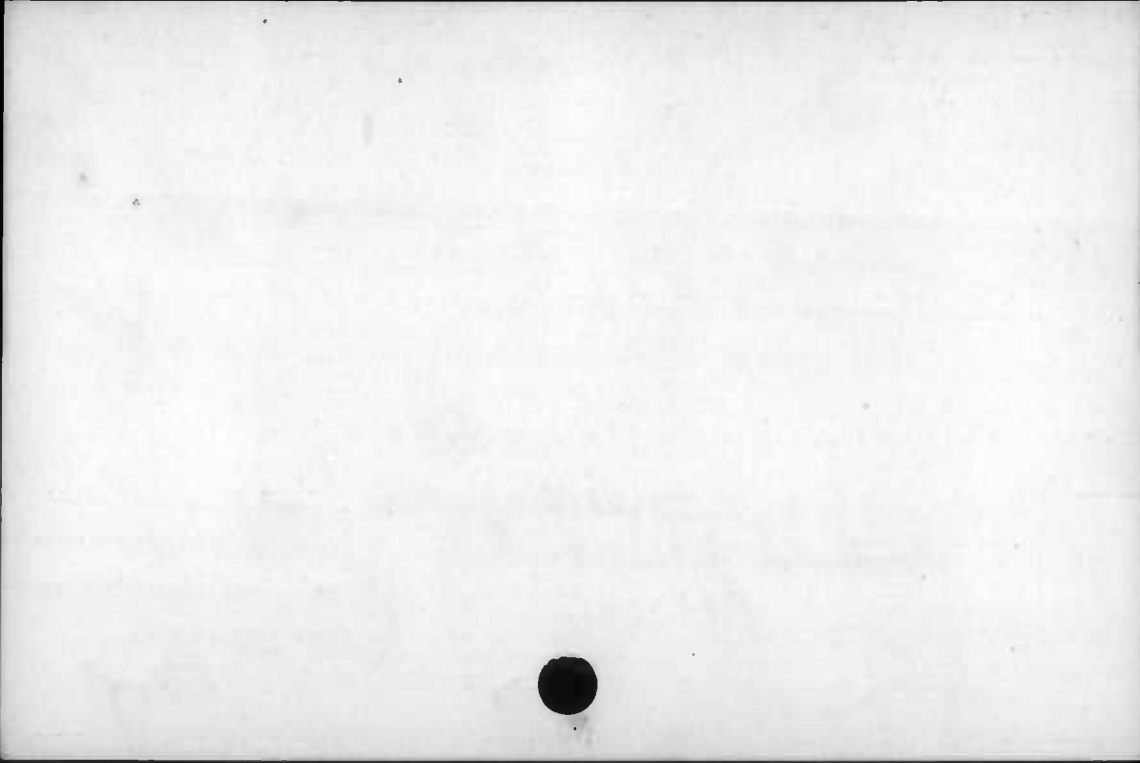
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr.	10	56			
Sex	Male	Color or Race	African		Birth-place	Charles Co	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Mary Francis Lyon		
Father's Name	Not Known				Father's Birthplace	—	
Mother's Maiden Name	Not Known				Mother's Birthplace	—	
Name of person giving information	Mary Francis Lyon				How related to deceased	Wife	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart disease	How long	4 years
Immediate	Pulmonary Hemorrhage	How long	3 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Allen
		Address	Wm.
Accident or Suicide?			



Name  
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Full

*Amy Gordon*

CERTIFICATE OF DEATH

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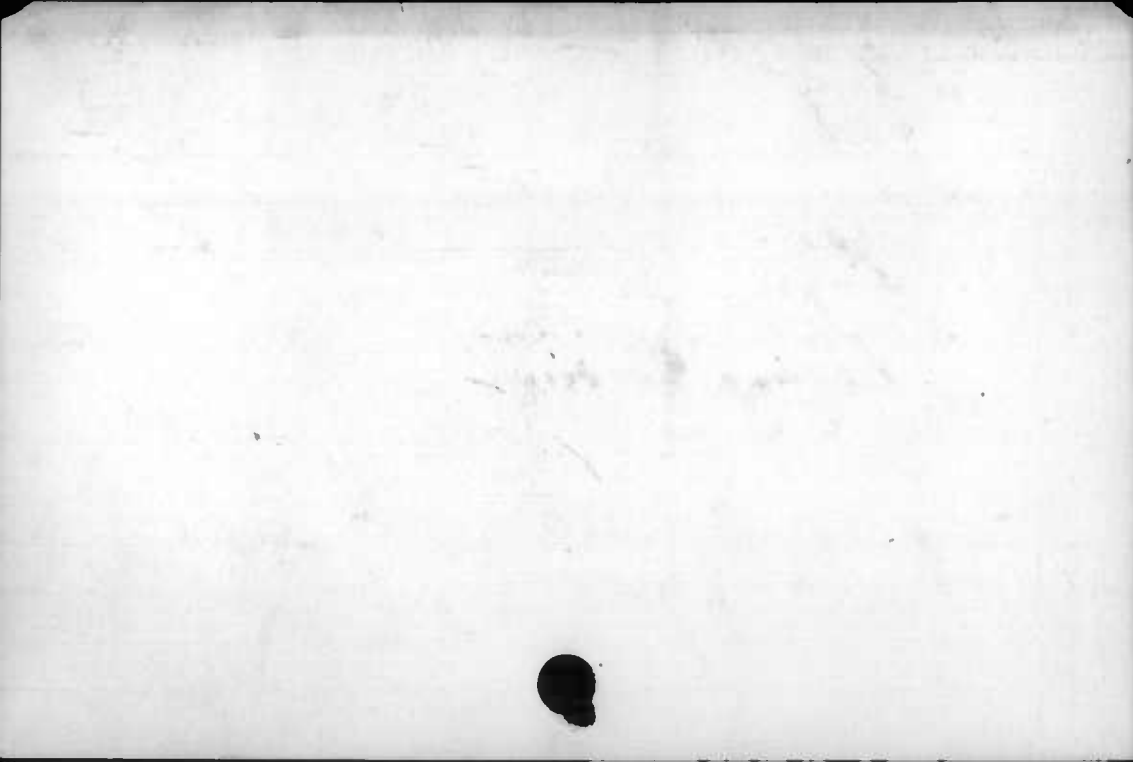
Died at <i>Waldorf</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Feb</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>92</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Waldorf</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Richard B. Gordon</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Clara Gordon</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>E. J. Barry</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

*120*

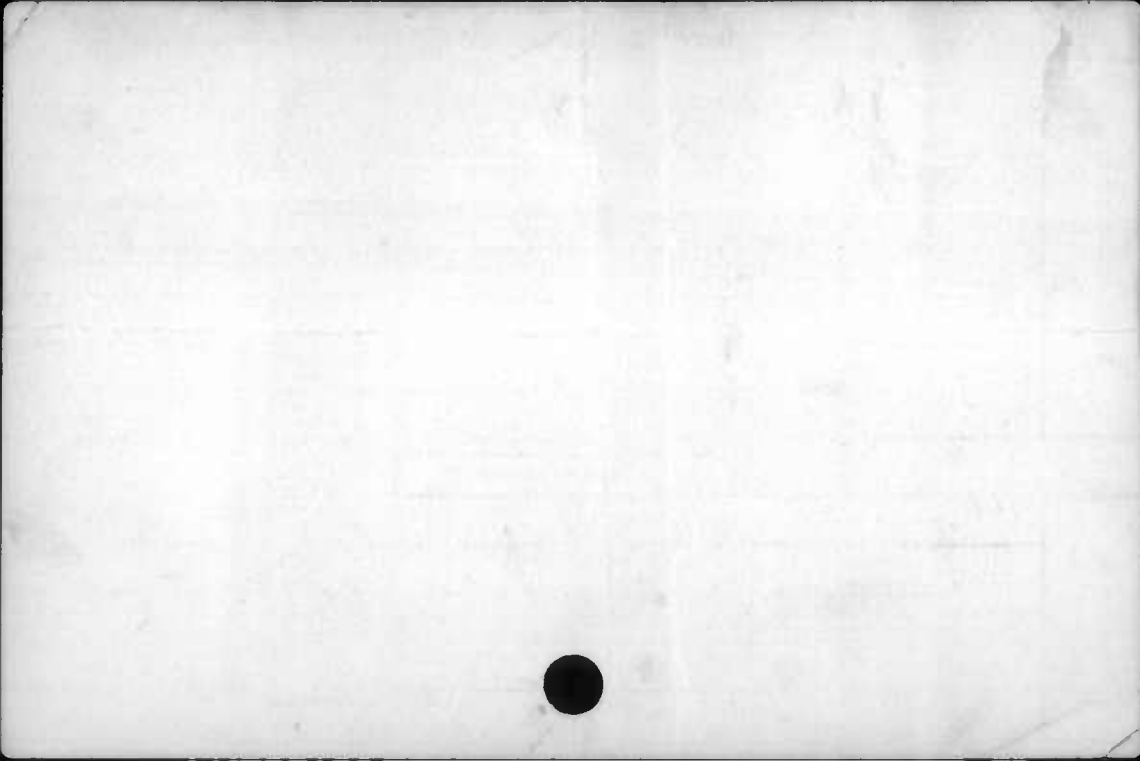
PHYSICIAN  
OR CORONER

Primary <i>Angiocarditis complicated with changes of heart</i>	How long <i>Not known</i>
Immediate <i>Exhaustion after fever and debility during the winter</i>	How long <i>Not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Brown</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>









Name  
in  
Full

## CERTIFICATE OF DEATH

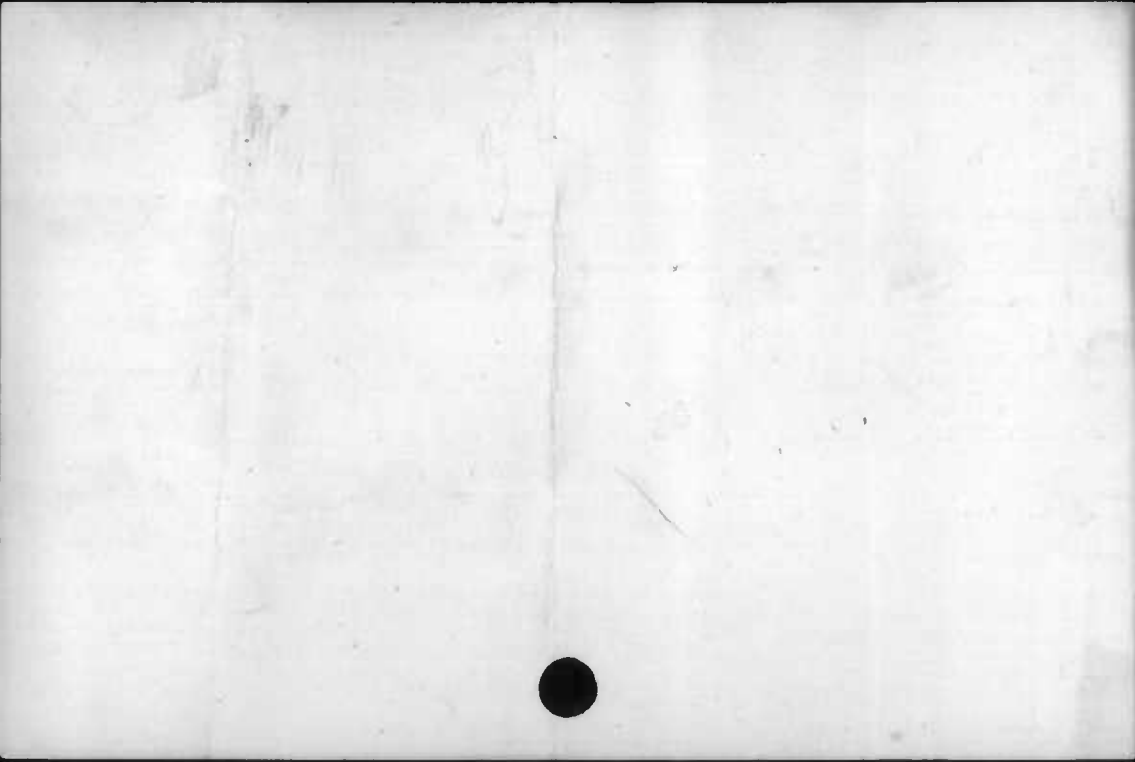
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth Gray</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>12</i>		Years <i>19</i>	
Date of death <i>1909</i>		Month <i>4</i>		Day <i>12</i>		Age <i>19</i>	
Sex <i>Female</i>		Color or Race <i>C</i>		Birth-place <i>Ind</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jefferson Gray</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sarah Wallace</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Jefferson Gray</i>		<i>(74)</i>		How related to deceased		<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Abscess Meningitis</i>	How long <i>Two months</i>
Immediate <i>Heart Failure</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul L. Harmon</i>
	Address <i>La Plata</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Letticia Hawkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

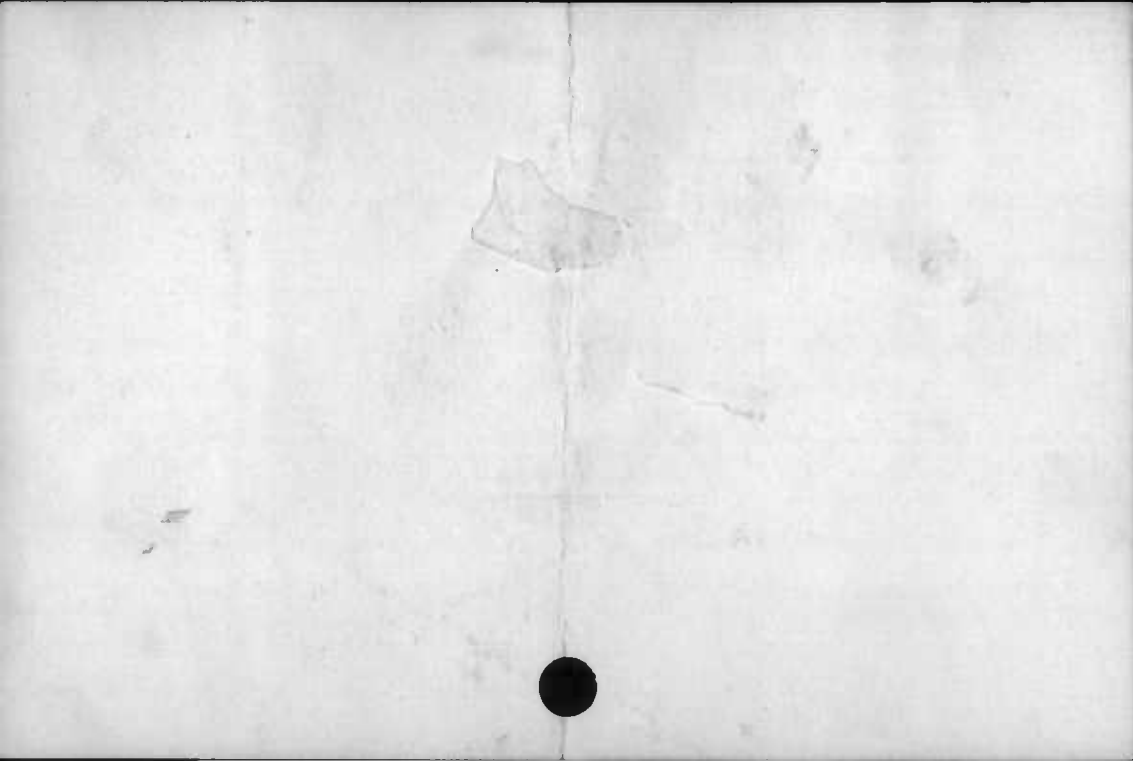
Died at <i>Cort Tobacco</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>Apr.</i>	Day <i>8</i>	Age <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Charles C.</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Hawkins</i>				
Father's Name <i>Peter Gray</i>	Father's Birthplace <i>Charles C.</i>				
Mother's Maiden Name <i>Caroline (not known)</i>	Mother's Birthplace <i>Charles C.</i>				
Name of person giving information <i>Carthern Small</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>2 years</i>
Immediate <i>Pulmonary edema</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Officer</i>
	Address <i>Bul Albem</i>
	<i>Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJohn S. Higdon  
Died at Oak Grove, Charles County

MARYLAND

Date of death 1909 Apr. 23 Age 73 Months 1 Days 9

Sex Male Color or Race White Birthplace Maryland

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jane C. Higdon

Father's Name John S. Higdon Father's Birthplace Maryland

Mother's Maiden Name Mary E. Farwell Mother's Birthplace Maryland

Name of person giving information J. S. Higdon How related to deceased Son

## CAUSES OF DEATH

79

Primary Valvular Heart Trouble How long 4 mos.

Immediate Angina Pectoris How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

J. S. Higdon

Wayzata  
Mn.

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah Priscilla Langley</i>		Town <i>Bryanceton</i>		County <i>Charm</i>		MARYLAND	
Died at <i>Bryanceton</i>		Month <i>April</i>		Day <i>29</i>		Years <i>67</i>	
Date of death <i>1909</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Langley deceased</i>					
Father's Name <i>James Montgomery</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Jane Berry</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>J. D. Montgomery</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Angioplegia</i>	How long <i>3 days</i>
Immediate <i>Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>L. C. Carver M.D.</i>
	Address <i>Bryanceton, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

John Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near La Plata<sup>County</sup> Charles

MARYLAND

Date  
of death 1909Month  
AprilDay  
22Years  
AgeMonths  
2Days  
9Sex  
maleColor or  
Race coloredBirth-  
place Charles CoOccupation  
noneWhere Residing if not  
at place of deathMarried, Single  
or Widowed singleName of Wife or  
HusbandFather's  
Name John Wallis MilesFather's  
Birthplace Charles CoMother's  
Maiden Name Horace Anna KellyMother's  
Birthplace Charles CoName of person giving  
In formation John Wallis MilesHow related  
to deceased father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Marasmus

How long 2 wks.

Immediate General exhaustion &amp; wasting

How long 2 wks

Are the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician Thos. J. Owen M.D.

Address La Plata

Accident or Suicide? —

$$\begin{array}{r} 15 \\ 13 \\ \hline 14 \\ 15 \\ \hline 195 \end{array}$$

Name  
in  
Full

Thaddeus H. Roby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Waldorf <sup>Town</sup> Choke <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> April <sup>Day</sup> 26 <sup>Years</sup> 84 <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place Duch

Occupation Farmer Where Residing if not at place of death Waldorf

Married, Single or Widowed Widower Name of Wife or Husband Lowline Willett

Father's Name Thaddeus Roby Father's Birthplace Duch

Mother's Maiden Name Miss Fenton Mother's Birthplace Duch

Name of person giving information J. S. Bealle How related to deceased Nephew

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary La Grippe <sup>How long</sup> then was

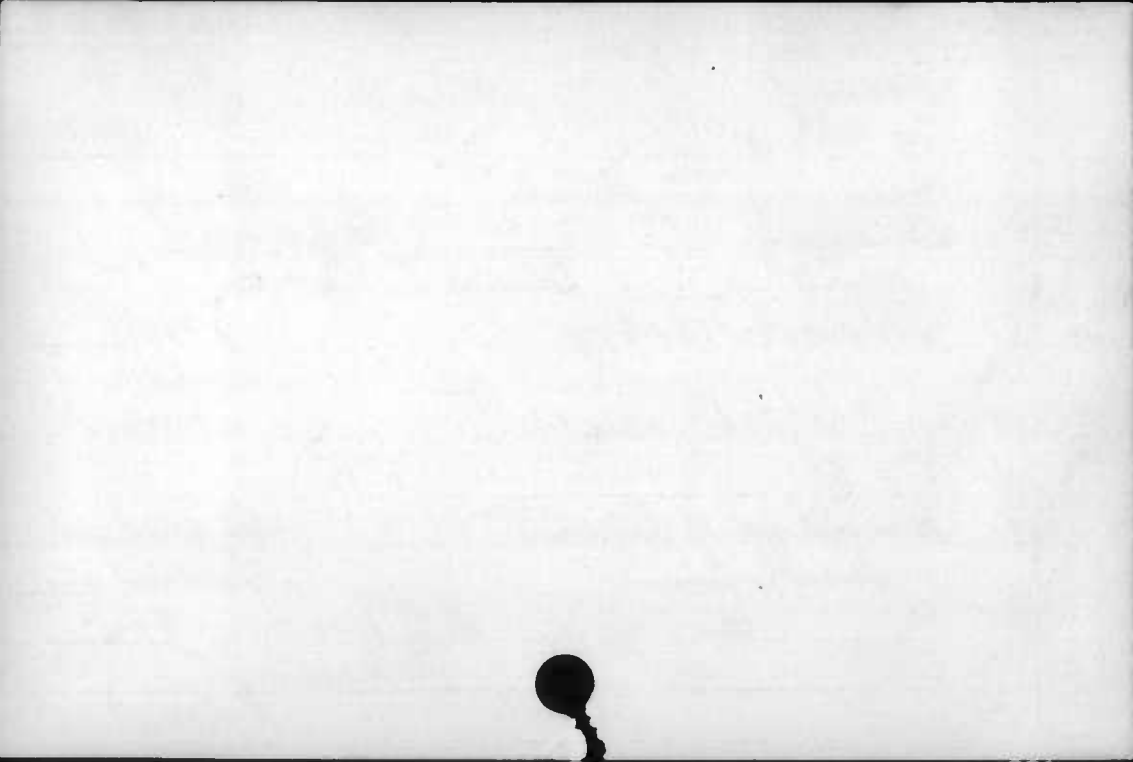
Immediate Pneumonia <sup>How long</sup> too long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. O. M. M. M.

Address Waldorf

Accident or Suicide? True



Name  
in  
Full

Mrs James P. Ryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

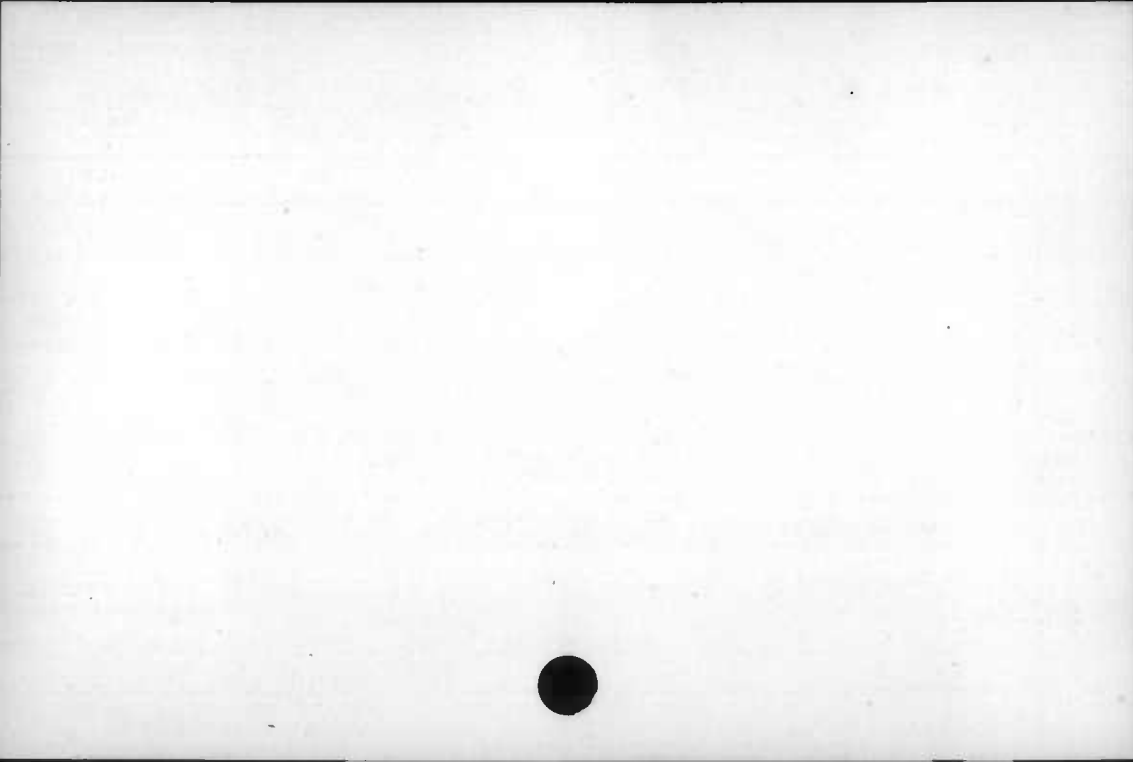
Died at <i>Edmund</i> Town		<i>Chauvin</i> County		MARYLAND	
Date of death	1909	Month	<i>April</i>	Day	<i>4</i>
Age		<i>32</i>		Months	<i>-</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>at Waldorf Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>James P. Ryan</i>		
Father's Name	<i>James S. Noyes</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Kate M. Noyes</i>		Mother's Birthplace	<i>Washington D.C.</i>	
Name of person giving information	<i>G. F. Qualler</i>		How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

128

PHYSICIAN  
OR CORONER

Primary	<i>Hemorrhage of the uterus</i>	How long	<i>short while</i>
Immediate	<i>short while</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. A. Moore</i>
		Address	<i>Waldorf</i>
Accident or Suicide?	<i>No</i>		<i>Md</i>





Name  
in  
Full

Louis Smothers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Galshur</i>		Town <i>Galshur</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>4</i>	Age <i>60</i>	Months <i>—</i>	Years <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>				
Occupation <i>Farmers</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margret Smothers</i>						
Father's Name <i>Not Known</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Margret Smothers</i>	How related to deceased <i>Wife</i>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Ruptured Compression</i>	How long <i>6 months</i>
Immediate <i>Heart Failure</i>	How long <i>found dead</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. ...</i>
	Address <i>Box 1000</i>
Accident or Suicide?	<i>Ind</i>

8. 10. 1951



Name  
in  
Full

Thomas David Stone

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Ellenborough Farm*<sup>County</sup> *Charles*

MARYLAND

Date of death *1909 April 18*Age *80*Months *2*

Days

Sex *Male*Color or Race *White*Birth-place *Charles Co. Md.*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*Name of Wife or Husband *Elizabeth Edelen Stone*Father's Name *Wm. B. Stone*Father's Birthplace *Charles Co.*Mother's Maiden Name *Caroline Brown*Mother's Birthplace *" "*Name of person giving information *John E. Stone*How related to deceased *Son*

## CAUSES OF DEATH

154

Primary *Infantile old age*How long *15 mos.*Immediate *" "*How long *15 "*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. L. Higgins*  
Address *Windsor*  
*Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

